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Original Communications.

THE DANGERS AND RESPONSIBILITIES OF A SURGEON.*

By WALTER BURNHAM, M.D., Lowell, Mass.

In the case for malpractice, of Patrick Moran *vs.* Walter Burnham, tried before the Supreme Court in East Cambridge last week, it appeared in evidence that Moran broke his thigh and leg six or seven inches above and below the knee, from the fall of an elevator.

Dr. Burnham was sent for, but not being in town, Dr. Bancroft, who rented a privilege in his office, went and set the limb with the assistance of Dr. Lovejoy. After this was done and the limb put in splints, Dr. Burnham was again sent for, and came as the other two were about to leave the house. Dr. Burnham was requested to take charge of the case, as they had sent for him first. Dr. Burnham replied that he could not do it: first, because the patient was Dr. Bancroft's; and second, that he, Dr. Burnham, had engagements out of the State for two weeks; and third, he was too sick to do any such kind of business for any one. He was then urged to come the next day and help Dr. Bancroft apply some different splints and bandages, which he had not then at hand. To this Dr. Burnham consented, with the request of Dr. Bancroft. The next day urgent business prevented him from going; but early the next morning he went and assisted Dr. Bancroft in putting on different dressings; using great care in re-adjusting the limb and making accurate measurements. The case was then left in Dr. Bancroft's care, and Dr. Burnham left the city to be absent for one or two weeks on professional engagements. He returned in eight days, and at the request of Dr. Bancroft, went to assist him in putting clean bandages upon the limb. Dr. Burnham did not see the patient again for about eight weeks; but the latter was visited by Dr. Bancroft every day for the first month, and every two or three days afterwards. At the end of two and a half months it was found that the fracture of the thigh had not united. Ten days later, Moran was ordered a starch bandage, and to get upon crutches in order to induce an inflammation in the ends of the bones, after which it was intended again to place the limb in confinement with a hope of effecting a union.

Moran then discharged his attendants, and did not try the starch bandage, but threw off all support, called in two other surgeons, at different times, and after about six weeks went to the Massachusetts General Hospital with his limb about three inches short, although no shortening could be detected while he was under Dr. Bancroft's treatment. At the Massachusetts General Hospital an operation was performed, and in two months union was effected.

With these facts in evidence, the court ruled that Dr. Burnham was responsible for the skilful treatment of Dr. Bancroft throughout the whole time, although he notified Moran that he had engagements out of the State, that it was necessary that the greatest skill should be exercised, and refused to take the case for that reason.

The jury found that in Dr. Bancroft's treatment there was no want of skill, and gave a verdict for the defendant.

It is important to consulting surgeons to know how far the Supreme Court holds them responsible for the skill exercised by the attending surgeon in their absence, not only in fractures but other cases.

In this case, had the jury found unskilful treatment, it would have ruined Dr. Burnham, although he did not have any oversight of the case.

[In reply to a note we took the liberty of addressing to his Honor Judge Ames, we received the following reply.—ED.]:—

* MR. EDITOR,—I have stated the case as briefly as possible and have the points understood; and report it at the earnest request of a number of the faculty, both in this city and in Boston. * * * *

I am very respectfully, &c.,

WALTER BURNHAM, M.D.

Lowell, Mass., Nov., 1869.

Dear Sir,—I send you a sketch of the only part of my charge in the recent case of Moran *vs.* Burnham, which can be of any interest to the medical profession.

You will please excuse the delay which has occurred, in furnishing an answer to your communication. I am happy to furnish any information that you care to receive, in cases of this kind, but a pressure of business caused me to lay your letter aside for a time.

The verdict, as I suppose you knew, was in favor of the defendant, and it was, in my opinion, a very proper one upon the evidence. Very truly and respectfully yours,

Seth Ames.

The jury had two questions to consider.

1st, Was Dr. Burnham retained and employed by the plaintiff?

2d, If so, was there any want of proper care and skill on his part, in the management or treatment of the case, by which the plaintiff had suffered damage?

The burden of proof was upon the plaintiff, and in order to be entitled to a verdict, he must make out the affirmative upon both of these questions to the reasonable satisfaction of the jury. (So much of the instructions of the Court as relate to the first question is omitted as not being of any general interest.)

With regard to the second question, the rule which should govern the jury is contained in the following propositions:—

A person who publicly seeks employment, and offers to act, for a compensation, in any trade or profession requiring preparation and skill, is bound, when employed by another so to act, to furnish not only ordinary care and diligence, but also ordinary and reasonable skill in his art or business.

The rule in this respect is precisely the same in the case of a physician or surgeon, as in the case of a lawyer, a carpenter, or a jeweller, &c.

The act of publicly offering to render service as a surgeon, for a compensation, for any person who may choose to employ him as such, is a warranty on the part of the person so offering that he has the proper and necessary skill, and that he will exercise that skill with the proper degree of diligence and attention.

To accept employment in such a case is equivalent to giving an express assurance in words, that he has the proper skill, and will exercise it faithfully.

The surgeon is by no means to be understood as giving a warranty that the patient shall get well, or as promising an absolute cure, unless he expressly and in terms so stipulates.

Neither is he to be understood as professing extraordinary and unusual skill, or as claiming uncommon personal endowments or acquirements.

All that the law requires of him is ordinary skill in the particular business which he undertakes, and ordinary and reasonable care and attention in the use of that skill.

The term "ordinary skill and care," is to be understood as meaning such as come up to the usual professional standard of the country and the period.

Bearing these suggestions in mind, the jury are to make up their minds upon the alleged malpractice.

The fact that the operation did not prove successful is by no means decisive of the question.

What did the surgeon in this case do that he ought not to have done? what did he leave undone that he ought to have done? In other words, what was the specific mistake, if there were a mistake? what was the specific oversight or omission of which he was guilty?

It being testified that although the leg had been bandaged and kept in splints, in what some of the witnesses described as apparently a proper manner, and for the usual period, the bone had nevertheless failed to unite—the question for the jury to decide would be, "has this failure to unite been proved to their reasonable satisfaction to have been caused by any unskilfulness, carelessness or mismanagement of the attending surgeon? or was it, on the other hand, one of those cases which sometimes, though only rarely, do happen, in which the bones fail to unite, although the treatment of the case has been exactly according to the common practice, and according to the general understanding of proper practice?"

If the evidence offered left the jury in a state of uncertainty on the subject, so that they cannot say that the malpractice is made out reasonably by a preponderance of proof, it would be their duty to find for the defendant.

Mr. William Adams has divided subcutaneously the neck of the thigh bone within the capsular ligament, by means of a fine saw. This is a great triumph of subcutaneous surgery, as the case is doing well.—*Medical Press and Circular.*

Selected Papers.

LIQUOR OPII COMPOSITUS.

[Dr. E. R. Squibb has been revising his formula for making *liquor opii compositus*. He omits the ether of his former preparation, partly on account of its disagreeable taste and smell to some persons. He says, in the *American Journal of Pharmacy*:—

* * * All opiates, no matter how made or how used, will disagree with many persons, and with some more than others; whilst that opiate which is best borne by some sensitive persons may be badly borne by others. All opiates will constipate almost all persons under all ordinary circumstances, and will produce a nervous reaction proportionate to the initial action, or at least in proportion to the initial overaction or overdosing. Then as all derivatives of opium must in the nature of things partake of the character of opium somewhat in the relation of cause and effect, it seems most rational to accept together some of those advantages and disadvantages which long observation has shown to be as inseparable as cause and effect, and to seek, rather, by combination with other known agents, or by the subsequent use of corrigents, to remedy the disadvantages in those cases where these are of sufficient importance to demand medication. It is nevertheless now pretty well established, not only that some opiates disagree less than others with sensitive persons, but that some opiates are more generally acceptable and beneficial, and less disturbing than others, and this for reasons of two kinds:—First, by excluding some of the disturbing agencies of the opium; and second, by more or less skilful combinations with corrigents. All that can be safely said of the past career of this liquor opii compositus is that it disagrees with a smaller number of sensitive persons, both in its primary and secondary effects, than most other preparations of opium, and that it is more pleasant in its effects than other preparations of opium, or the salts of morphia, in a very considerable proportion of cases, if not generally.

In the deliberate thought and attention given to this preparation during the past few years in connection with its increasing usefulness, it has sometimes seemed doubtful whether the simple depurated watery solution of opium adjusted by assay, and mixed with one-fifth or one-sixth of its weight of alcohol to preserve it from change, would not be the best practical form in which to offer it for therapeutic application. Such a preparation would be called simply liquor opii, and may be made by the formula to be given. This would leave all attempts to modify, correct or remedy the unpleasant effects of the opiate to the extemporary judgment of the physician, where perhaps they more appropriately belong, because they would be better adapted to individual cases, and would yield a preparation that might be used by hypodermic injection.

This course would be now adopted in the revision of the formula, were it not that the disagreeable taste and smell, and the nauseating effects of opiates, are so objectionable to a large proportion of patients, and that physicians in general are not skilful in the use of corrigents, and therefore not unfrequently fail, or are led into practices which, to say the least, do not always tend to improve the therapeutic action of their remedies—the use of sugar-coated pills, for example. It is therefore mainly to cover the taste and odor of the opiate, to render it more acceptable in delicate conditions of the stomach, and to give it a direction or tendency opposite to that of nausea, that a small proportion of acetic ether and purified chloroform are now introduced into it instead of the compound spirit of ether. If these new ingredients have any important medicinal effect, it will surely be in a direction opposite to the natural nauseating and depressing effects of the opiate, and therefore they are safe, with a reasonable chance of being useful.

Such good effects may well be expected from chloroform, and might be secured if the chloroform could be well introduced in larger proportion, for the following principal reasons, which have led the writer to use it in the formula. Soon after the internal use of chloroform was practised it was found to be sedative and hypnotic, or to have very much the same therapeutic effects now attributed to chloral, and was by some physicians associated with opiates, and particularly with the salts of morphia, with very good results in favorably modifying the action, and controlling the after effects, as nausea, anorexia, headache, depression, &c. It was, however, practically very difficult to get the two substances in solution together within the limits of an ordinary dose without inconvenience from the pungency of the chloroform, and the best results were obtained from the clumsy and inconvenient plan of mixing them with thick syrup or honey. The burning effect of the chloroform upon the mouth, fauces

and stomach, though of short duration, was objectionable, and thus the association of the two substances, though proved to be eminently advantageous, never came into general use. It was, however, sufficiently used and appreciated to attract the attention of quackery, and the nostrum called "chlorodyne" was the result. It is often wonderful to see how squeamish and critical physicians and patients are to the disadvantages and inconveniences of legitimate extemporaneous mixtures, which, when served to them in the plausible tone of quackery, lose all their disadvantages, and come out afresh with sensational novelty. Chloroform associated with morphia salts forms the therapeutic basis of the nostrum "chlorodyne," and the extraordinarily incongruous and irrational mixture of molasses, peppermint, capsicum, cannabis, hydrocyanic acid, perchloric acid, and all the others, if there be more, forms a mere vehicle and blind for the attempted secretion of this old and valuable combination. When, however, it came out in this new dress, at the call of the tin trumpet of quackery, many physicians in the very cities where the extemporaneous use of the combination originated became loud in its praise, and their patients found no difficulty in swallowing it at double price. Through the now waning use of this "chlorodyne" and its numerous imitations, many physicians, and some of them without being yet aware of it, have been again taught, on a larger scale, that there is a value in the association of chloroform with their opiates for internal use. But to realize the best effects of this combination the chloroform must be in the proportion of about one fluidrachm to the grain of morphia salt, or about eight or ten minims to the ordinary dose. This makes a mixture which, though not too pungent for many uses, is so rarely needed as to be objectionable for common use.

These considerations led the writer to adopt purified chloroform as an ingredient in the new formula for liquor opii compositus, and a series of experiments was undertaken to determine how much chloroform could be introduced, and still have the solubility or miscibility of the preparation in water secured. This proportion was found to be unexpectedly small, even when the solution was made to consist of one-half its volume of alcohol, thereby taking the character of a tincture rather than a solution. One minim in twenty-five, or one-twenty-fifth of its volume, was found to be the maximum quantity of chloroform which would be permanently held in solution when the twenty-five minims of the preparation was dissolved in one fluidrachm of water or more. This solution when made with a fluidrachm of water was considered a little too near to the boundary line of precipitation of the chloroform, and a little too pungent or biting for common use, and therefore the proportion of chloroform was reduced to one minim in thirty minims of the finished preparation, and the whole formula as finally determined upon was as follows:

Depurated, assayed solution of opium (Equal to one-third of a grain of sulphate of morphia).	14 minims.
Stronger alcohol,	13 minims,
Purified chloroform,	1 minim.
Acetic ether, s. g. 0·880,	2 minims.
Maximum dose,	30 minims.

In the very full dose of 25 minims there will be—

Of the opium solution (equal to about one-quarter of a grain of sulphate of morphia),	11·67 minims,
Stronger alcohol,	10·83 "
Purified chloroform,	·83 "
Acetic ether,	1·67 "
	25·00 "

In the average adult dose of 20 minims there will be—

Of opium solution (equal to about one-fifth of a grain of sulphate of morphia),	9·33 minims,
Stronger alcohol,	8·67 "
Purified chloroform,	·67 "
Acetic ether,	1·33 "
	20·00 "

This preparation, when dropped from a common one-ounce vial, gives about eight hundred and twelve drops to the fluidounce;* or about one and seven-tenths (1·7 drops) drops to the minim. Therefore thirty-four drops is about equal to twenty minims. Thirty drops is perhaps the more common usage as the ordinary adult dose, while twenty-five drops is often sufficient for adult females, or even adult males who are susceptible to opiates.

It is occasionally required in double, or even in three times the maximum dose as above given, and then will of course contain twice or three times the quantities, equal to two-thirds or one and one-third grains of sulphate of morphia. These doses are, however, under ordinary circumstances, poisonous; and it is always best with this, as with all other opiates, to give them in judiciously timed divided doses until the object or indication is *nearly* accomplished, and then stop.

When opiates are given incautiously in large doses, they often seem to meet the indications to their use with a shock or concussion, overwhelming all the powers; and in proportion as this impression is pro-

* The first two fluidrachms dropped from full bottle, 190 drops; the second two, 176 drops; the third two, 201 drops; the fourth two, 246 drops.

found and continued, and in proportion as it over-reaches the desired object, in the same proportion is the subsequent reaction, producing depression, anorexia, nausea, headache, constipation, &c. Now in medicine, as in mechanics, it would be irrational to expect to control a reaction independent of control of the initial action, and therefore opiates are not justly chargeable with the results of this not uncommon misuse. On the other hand, however, it is necessary to avoid the very small doses which serve only to stimulate and excite the sensorium; and therefore no direction for dosing can be given that will be more than usefully suggestive to common sense and good judgment, acting upon a clear conception of just what is required to be done, and how easy it is to overdo this.

The plea for assayed preparations in medicine and pharmacy, in order to attain some degree of accuracy and uniformity in therapeutic practice and results, is well illustrated in the instance of opium. It is well understood that hardly any two lumps in a case of ordinary opium yield the same proportion of the useful alkaloids, and that the different lumps have as great a variation as from five per cent. in some, to ten or eleven per cent. in others. It is also well known that by the escape of moisture the proportion of alkaloids is constantly varying until the opium is quite dry. It is also well known that opium is *not* the concrete juice obtained by incision from the unripe heads of Papaver somniferum, but is a varying proportion of this juice mixed with a heterogeneous mass of foreign matter in a more or less solid condition, and that the productive or unproductive seasons, and the variations and speculations in price, have an influence in the yield of the alkaloids and also in the amount of foreign matters admixed. If there be any who believe that the opium of the markets is wholly, or even in greater part, constituted of the juice of the capsule obtained by incision as described by the books, it is only necessary for them to divide the whole number of the population of the part of Asia Minor which produces opium, into the number of pounds which constitute a crop, to prove that it is impossible for any such number of people to collect any such quantities in any such way. It is also known that there are different grades of quality in opium, which *may* be judged by the appearance; and different grades of quality which *cannot* be judged by the appearance, no matter how expert the judge may be. Crude opium, to be officinal, must contain at least "7 per cent. of morphia." Then this crude opium in drying loses an average of 20 per cent. of moisture. Therefore dried or powdered opium made from crude opium which is just within the officinal minimum limit and no better, will contain 8·75 per cent. of morphia.

The writer has recently seen a small lot of opium that, when dried, yielded a powder containing nearly 15 per cent. of morphia, and knows from actual observation that by appearance, on very critical inspection, it could not be distinguished from another lot which, under the same management, yielded only 12 per cent.; and yet there was only a difference of about $1.50 or less per pound in the price.

Beside this, opium being a mixture made up for price and profit at the place of production, and being of limited production, but of almost unlimited demand, has of late years assumed the character of a manufacture rather than a natural product; and its practical standing in the markets to-day in regard to its dilutions and adulterations at the place of original production is not very different from that of woolen goods in regard to shoddy. Hence the better grades of opium, like the better grades of woolens, are produced in comparatively small quantities for the comparatively small demand at higher prices, and these grades, naturally enough, fall into the hands of the makers of morphia salts, where intrinsic value is closely studied in the interests of pecuniary gain.

Again, so localized and so limited is the production of the valuable varieties of opium, and so wide-spread and insatiable the demand for opium—four-fifths of it, at least, being probably consumed as an intoxicant—that a "ring" of speculators could, and did form a "pool" last year, and so controlled the product and the markets as to run the price up to more than double, and during one period to about three times the ordinary cost, and to maintain such prices for nearly the entire crop, with such signal pecuniary success as to warrant the prediction of future similar speculations. Indeed, at this moment opium is again on the rise, with the possibility, if not the probability, that it is again "cornered" by a "ring." All this will probably have the very natural effect of stimulating the production; but the production will be stimulated in two ways: not only to cultivate more poppies and make more juice, but also to make more opium from the juice—that is, debase it still farther in the manufacture, just as wool is made to go farther when the supply is short of the demand, and the price consequently high.

Now if these statements and deductions be true, and have any value in or any bearing upon medicine and pharmacy, they indicate one thing, and teach one lesson which is optional with us to learn or not, and that is, that the comparatively small portion of opium which is used in legitimate medicine and pharmacy should be used only by assay; and that such opium and its preparations should be, by assay, brought to a definite uniform medicinal strength. But from the variation in the various lumps of opium of the same case it is manifestly impossible, or at least impracticable, to assay it with useful accuracy in the crude moist condition. It must be either dried and powdered, and the powder be assayed, or it must be extracted, and the extract be assayed. Opium, then, is an exception to the rule which teaches all careful physicians and pharmacists never to buy drugs in powder. And yet, unless assayed, it is the most unsafe of all drugs to buy in powder. No plan is so good or so safe as to dry and powder the opium, and then assay the powder by extracting that; because, if carefully dried and powdered without too much heat, the quantity and quality of the useful alkaloids are not materially altered, whilst a large proportion of the useless and embarrassing extractive matter is rendered insoluble in the drying and powdering process. Beside, it is only by drying and powdering that a homogeneous product is obtained, every part of each package of which represents the whole. If a physician or pharmacist buys a pound of powdered opium, the assaying of 150 grains or so of this will indicate the quality of the whole. But if he buys a lump of crude opium and assays any part, or even two or three parts of it, the assay may not, and in all probability will not, represent the whole. He may make the whole lump into a strong tincture or solution by extracting it, and assay a portion of this solution or tincture, with the same ultimate result, but the assay is then less simple and more difficult.

This, then, is the chief, though not the only merit claimed for this liquor opii compositus, that it is made by assay, and therefore of practically uniform strength, entirely independent of the quality of the opium from which it is made.

This process of assay is not a highly critical scientific process which gives account of every tenth, or even every quarter of a per cent. of the useful alkaloids contained in the opium, but the aim is simply to come within one per cent., or thereabout, of the medicinal value and efficacy of different parcels of opium in its power to produce sedation, and to relieve pain in disease. * * *

DR. BURDON SANDERSON ON THE INOCULATION OF TUBERCLE.

THERE are few men who combine, in a higher degree, the most pre-eminent qualities of physiologist and pathologist with those of the practical physician than does Dr. Burdon Sanderson. Few men could consequently better deal with such a vexed and difficult subject as the inoculation of tubercle. In this respect Dr. Sanderson has amply justified Mr. Simon's selection by the two admirable papers which have been published in that gentleman's annual report on public health. Papers like those of Dr. Sanderson are hard to epitomize; they are full of facts, inferences are scanty, and it would be impossible for us to give our readers even a faint notion of the labors of Dr. Sanderson, or of the processes whereby he reaches the conclusions which we venture to sketch.

The first thing to be noted is that a miliary tubercle is not a mass of shrivelled anatomical elements, as has generally been supposed and taught, but a well-defined structure, consisting of a network of fine fibres, enclosing in its meshes bodies apparently identical with lymph corpuscles, the whole structure closely resembling certain normal constituents of the body. Wherever tubercle is habitually found, in the peritoneum, the spleen, the liver, the lungs, or in lymphatic glands generally, there a tissue, identical with what we have above described, is invariably found as a normal constituent. This peculiar tissue (which Dr. Sanderson terms *adenoid*) is associated in an especial manner with the lymphatics which pervade the system, sometimes forming a distinct sheath round blood-vessels, especially veins; sometimes, as in the lungs, occurring in isolated masses, but always associated with the corporeal aqueducts. Now, it has already been shown by Dr. Wilson Fox and others that active tuberculosis may be set up by the introduction of many kinds of irritants beneath the skins of rodent animals under certain conditions which have not yet been specifically determined; but it has been found that, for the purpose of inciting an artificial growth of tubercle, no plan is better than the introduction of tuberculous matter into the peritoneal cavity. This having been done, tu-

bercular masses speedily arise, but these are no new products—they are simply a hyperplasia of the pre-existing vascular sheaths or other masses of adenoid material normally existing beneath the serous epithelium. When the irritant is introduced beneath the skin, granules or nodules having a texture identical with adenoid tissue elsewhere make their appearance round the site of injury, but these masses cannot yet be shown to be in direct communication with lymphatic vessels. Nevertheless, the next step in the process of infection is the invasion of the lymphatic glands, but only those in the neighborhood which swell up owing to proliferation of lymph cells until the gland becomes a diffluent mass surrounded by a thickened capsule.

Meanwhile other changes have been going on, and the whole system has been, so to speak, poisoned. The lymphoid bodies plentifully found in the lymphatics have made their way into the veins, whence their evil influence is by means of the arteries scattered over the body, thereby exciting to growth the adenoid sheaths surrounding many of the vessels. The proliferating masses round these assume larger dimensions at certain points than at others from projections above the surface, and become miliary tubercles. But we know that tuberculosis does not terminate with the formation of miliary tubercles, the future progress of which may be best illustrated by considering what takes place in the infected lymphatic glands. These seem to be invariably infected in consequence of disease existing whence their afferents spring. Lymphoid cells multiply and fibroid tissue is formed within them, but with the latter comes the beginning of the end. Its meshes become denser and denser, surrounding, compressing, and destroying the capillaries. The necessary supply of blood is thus arrested, and partial death gradually ensues. The glands become caseous.

Such, in brief, would seem to be the process whereby tubercle is spread and the means whereby its evil consequences are brought about, but it need hardly be said that the process varies in different situations. In the liver there is the glandular tissue to consider, in the lung the changes in the alveolar cells, and in both the distribution of the normal adenoid tissue. Nevertheless, it would seem to be shown that the origin of miliary tubercle is in a normal constituent of the body excited to inordinate activity. And this does not depend on Dr. Sanderson's researches alone, but on those of other most careful observers. But the next question is, what are the means whereby these fatal changes are primarily induced? Undoubtedly the inoculation of tubercle itself or of the cheesy matter of tuberculous glands, if that can be called tubercle, under the skin of a guinea-pig, or still more certainly if introduced into the peritoneal cavity of the animal, will in course of time cause general tuberculosis, but then blotting-paper, charpie, gutta-percha, india-rubber, and even a simple injury will do the same. Neither, as at first supposed, is local suppuration necessary to induce general tuberculosis, for tubercle follows when there have been no abscesses. On the other hand, as Dr. Sanderson has shown, setons steeped in carbolic acid have in ten instances been followed by no tubercle. Extensive simple fractures of the scapula have in five instances given no tubercular result. This portion of the subject still needs investigation, and we can only hope that Mr. Simon will be induced to pursue the matter through the medium of Dr. Sanderson. As for the latter, we sincerely thank him for the intellectual feast he has prepared for us, and strongly recommend to our pathologic readers a fuller participation therein than we have been able to afford.—*London Medical Times and Gazette.*

AMERICAN MEDICAL PERIODICALS.

Voilà ce que l'on dit de moi!

[The *London Medical Times and Gazette* for Jan. 8, 1870, has an Editorial on "American Medical Periodicals," from which we make a few extracts of general applicability, leaving the case for some able advocate to show cause, if any, why the sentence should not be admitted to record.]

The average American Journal is lamentably deficient from a scientific point of view; ordinarily it rests far too much on others, far too little on itself. * * * * As a rule American Practitioners are clever and suggestive, ready to strike out new paths in the art of healing, but, probably from their imperfect training, they are rarely skilful penman, and their attempts seldom go beyond the recording of a curious case. But in the great American cities, men are now springing up well educated in every sense of the word, and well fitted to advance the knowledge of our Profession in every way. American Physicians held too long by the brilliant but illusory French writers; now they are turning to the more solid Germans with a corresponding advantage. In another respect most American writers are very

shaky—that is, with regard to their pathology, and here it is their writings are most barren; but in this, also, they show signs of improvement, and by-and-by we may expect the vast quantity of material afforded by such a country to be fully utilized.

* * * * One thing is constantly giving rise to discussions in America—that is, their code of ethics. We are inclined to think that too much is said about ethics for very much to be done. * * * * There is a slanginess, a taking after the political press, which renders it, to 'Britishers' at least, unpleasant and unattractive. The frantic efforts made to procure subscribers are another feature which detracts from the weight of many American periodicals. All sorts of inducements but the right ones are held out. We fancy if they did as we do here—secure the best writings of the best men—offers of bonuses and composition fees would not be needed. * * * * Upon the whole, we are hopeful of the condition of the American Medical press; its defects are those which time will remove. * * * * We do believe that the Medical press is increasing in influence, and most deservedly so in America, and we should be glad if a more generous support would enable those who are doubtless both able and willing to turn out a paper which shall vie with, or even excel, its British congeners.

Hospital Reports.

BOSTON CITY HOSPITAL.

Surgical Cases in the Service of Dr. D. W. Cheever. Reported by George B. Stevens, House Surgeon.

Case I.—*Removal of a Bullet from the Nates after Six Years.*—(Service of Dr. Cheever.)—At the battle of the Wilderdess, while lying upon his belly, the patient was struck by a bullet, which entered on the outer side of the left arm at the upper third, passed obliquely through the limb, then straight down the side of the body, grazing in its course the three or four lower ribs on that side, about two and a half inches to the left of a perpendicular line drawn through the anterior superior spinous process of the ilium, striking the crest of the ilium (as is supposed), and entering the gluteal region in the vicinity of the great trochanter. The humerus was probably fractured, as the patient states that the wound made by the ball remained open for five or six months, occasionally discharging fragments of bone, and that the use of the limb was not regained for a year. The ribs, he was told, were broken, and a deep corrugated cicatrix testifies to the course of the ball. Through the wound made in the gluteal region fragments of bone were discharged, coming probably from a fracture of the ilium.

While in hospital at Washington attempts were made to extract the bullet, but without success; during the six years following the injury the attempts were at various times repeated with the same result. When he entered the City Hospital last November, there were three sinuses in the left gluteal region: one, three inches below, and a little to the left of the anterior superior spine; one, five inches further down the thigh in the same line; and the third about midway between the other two, and just behind the great trochanter.

On the third of December the patient was operated upon by Dr. Cheever. The first two sinuses before mentioned were found to be superficial and to communicate, the probe passing readily from one to the other. The third sinus was deeper, and its direction upwards and towards the median line of the body; at the end of a fistulous track seven inches in length the ball was felt lying loosely upon the sacrum, and was extracted through a counter opening made through the whole thickness of the glutæi muscles. It was found to be a minié ball somewhat flattened, and encrusted with fragments of bone; the portion of the sacrum upon which it was resting was a little roughened. There was no affection of the femur or ilium. The two sinuses on the thigh were connected by a seton; the sinus through which the ball was felt and the counter opening through which it was removed, were treated in the same way.

Following the operation there was no burrowing of pus in the gluteal region. At the end of twelve days the seton connecting the sinuses on the thigh was removed, and at the end of another week the other one also. Four weeks after the operation there was very little discharge, two of the openings had closed, and the remaining two were filled with healthy granulations. So well satisfied was the patient with the result of the operation that at the end of this time he was again, at his own request, taken to the amphitheatre to have a plastic operation done for eversion of the lower eyelid, the result of which, it may be added, has been equally gratifying. During the six years that the patient carried the ball he was a cripple, moving only on crutches,

and with a limb wasted, contracted and flattened like hip disease.

Case II.—*Wiring of the lower Jaw for Fracture.*—(Service of Dr. Cheever.)—A vertical fracture of the lower jaw between the two middle incisors was produced by the kick of a horse. During the four days following the injury, while the patient was in the hospital, numerous attempts were made to retain the fragments in apposition by means of wire carried around the teeth, by a gutta percha splint moulded beneath the chin, and the same within the mouth over the teeth, but they were all unsuccessful, as the fragment on the left side could not be kept up on a line with the other. On the fifth day an operation for wiring was done by Dr. Cheever. The lower lip was drawn down, and without any cutting of the soft parts the jaw was drilled with the revolving chisel just below and a little to the outside of the alveolus of the lateral incisor on each side. Through the two holes thus made two pieces of stout copper wire, silver-plated, were passed, and twisted on both the anterior and posterior surfaces of the jaw, as the wire was not sufficiently flexible to allow it to be introduced at one hole, turned on the inner side of the jaw, and then withdrawn through the other. The fragments were thus brought into firm apposition.

Following the operation the fragment on the left side was found to sink a little, but the deformity was more apparent than real, as the teeth were naturally irregular; the line of the gums was good. After the first ten days there was but trifling salivation.

Though the plating entirely disappeared within the first week, the presence of the copper wire was borne with very little inconvenience, and with no toxicological effects, for thirty-three days, when it was removed. The fracture was then firmly united.

Case III.—*Necrosis of the Ulna; Operation.*—(Service of Dr. Cheever.)—Two months before entrance the patient, a feeble woman, aged 43, with phthisical tendencies, had an abscess form on the ulnar side of the left forearm. The incision made for the evacuation of the pus never healed. At the site of the former abscess, when she came to the hospital, was a large sinus through which necrosed bone was to be felt. The patient was in poor condition, and the drain of the discharge was evidently more than she could well bear.

On the third of December an operation was done by Dr. Cheever. Upon enlarging the sinus, the ulna was found to be denuded from a point three inches above the wrist to the vicinity of the elbow joint, where the periosteum again became adherent. Near the wrist the dead bone was easily separated from the sound bone, but at the upper part of the wound the section had to be made with the chain saw; two-thirds of the shaft of the ulna were thus removed. There was but little hæmorrhage, and no ligatures were required. The periosteum was preserved, thickened, vascular, and full of bony plates.

After the operation, granulation went on rapidly in the wound, and the beneficial effects of the removal of the disease were soon apparent. At the end of three weeks, when the patient left the hospital, granulation and contraction were going on most satisfactorily, and her general condition had improved in a wonderful degree. When seen, ten days afterwards, the wound had nearly closed.

Medical and Surgical Journal.

Boston: Thursday, February 3, 1870.

CAUSES OF IDIOCY; HEREDITY; SEX-DIGITISM. COLLATED EXTRACTS.

The *Journal of Psychological Medicine* has a paper by Edward Seguin, M.D., of New York, on Idiocy. He says:—

"This is no place to repeat old surmises, that experience has yet neither accepted nor rejected; but for new facts acquired by recent experience. Persons engaged in the treatment of idiots are nearly unanimous upon the fact that the victims of idiocy grow more numerous. If so, the causes of this infirmity must be on the increase; and what are those now at work?

"Referring idiocy, in the main, to the conditions of uterine life, what recent circumstances have occurred that could have further impaired the woman as a breeder of embryo and fœtus? Her intellectual culture, social and physical gratifications, have fully kept pace with those of her partner. Her relations to the latter are, if anything, more equal and independent than formerly. He, certainly, is less overbearing, less rude and brutal (according to social station), than he was in the good old time. She has more right to her own, and to what he makes, and yet woman is not satisfied. Then, what is the matter? The gist of the matter seems to be:—"Better," said Enfantin and J. S. Mill, "if women would tell

it themselves;" that, with more subjects of gratification of mind and body to-day than in the past centuries, women are uneasy, unhappy, because they do not feel themselves adequate to their task. Their education—a jumble of that which has made all the male *inutilities* we have known—has not taught them an iota of womanhood. Their hygiene and habits have disqualified them for motherly functions; city and house narrownesses do not offer more room for a new-comer than their slender pelves; their tastes run toward niceties incompatible with married life; fecundation is the result of maladroitness; its product, unwelcome, ill-fed, ill-treated before as after birth, conceived in apprehension, remains a nervous ruin, or disappears in a storm of some sort. At this spectacle we can sorrow, but not wonder. Can we expect woman to know what she has not learned, or to resent feelings whose warmth never descended into herself? How, besides, can she conceive and nurture, with a living enthusiasm, a child she has no strength to carry, no room to grow, no substance to feed, no idea how it is to be handled, cared for, &c.? The heaviest task when it is not the dearest, she shifts it off, coming out from the struggle with a sad countenance and emaciations foreboding early degeneracy of her vital organism." * * * * *

"No wonder that, from the martyrs of the flat and depressing dramas silently enacted to-day for a miserable livelihood, are born children, not only idiotic and epileptic, but insane. This is a remarkable instance of interpolation of a new link in the chain of adaptation. When pregnant women were simply exposed to home brutalities and privations, their idiotic children were of the simplest types. When the mother had, besides, the mental activity that education and society develop, the idiocy of her child was of a more complex character. But as soon as women assumed the anxieties pertaining to both sexes, they gave birth to children whose like had hardly been met with thirty years ago; insane before their brain could have been deranged by their own exertion; insane, likely, by a reflex action of the nervous exhaustion of their mother." * * *

"We overburden women; they overburden themselves, and choose or accept burdens unfit for them. Besides, their uneasiness results from being moved by several inward currents, neither of them strong enough to cut an open channel through the social obstacles. Among others, is the current toward matrimony, swift sometimes, rarely strong enough to overcome the asperities of a day and night dependence, the heaviest of all; and marriage is that, or a lie. Another current is toward freedom. Being less subjected to animal instincts, and therefore not so easily subdued as women of other ages, heavier fed and less intellectual, those of to-day declare their independence and seek for it. But they do not possess, to the same degree with men, the two elements of it, capital and working capacity; so that most of these protestants against the rule of man are yet reduced to the, so far, only orthodox course—of accepting the means of support from the envied sex. This is a very painful state of transition for both parties, in which men do rarely appear to have received, in feminine money, the equivalent of their would-be liberality; and women suffer from their incapacity of being, one way or the other, neither dependent with contentment, nor free with self-reliance. Children, gotten under such moral and other pressures, cannot truly be said to be born from the union, but rather from the disunion of their parents; conceived in antagonism, they can only be excessive in their tendencies, or monstrous in their organization. This condition of family affairs will last till physiological education shall have fairly developed the tendencies of women; of some for motherhood and matronly station, of others for artistic talents of various grades, which can insure their independence.

"There is nothing new in this position. On the contrary, it is so old that it seems to be entirely forgotten. Nobody seems to remember that once the laws, habits, and religions even, provided not for one class of women only, but for all classes. Such sayings as that of Taney about some men, that some women have no rights that we are bound to respect, is a modern infamy. Let us sooner recall the times of Pericles, when the greatest statesman of Greece was his unmarried friend and adviser, Aspasia, one of the hetairœ of Athens." * * *

Dr. James J. O'Dea, in the same Journal, gives an article on "Hereditary Influence in Mental Diseases." He of course makes use of analogy drawn from physical heredity.

"The influence of sex," he remarks, "is acknowledged by the very highest authorities, among others by Mr. Darwin, from whose work, already mentioned, I take the following remarks on this subject:—'From the various facts recorded by M. Prosper Lucas, Mr. Sedgwick, and others, there can

be no doubt that peculiarities first appearing in either sex, though not in any way necessarily or invariably connected with that sex, strongly tend to be transmitted by the offspring of that same sex, but are often transmitted by a latent state through the opposite sex.' In the remarkable papers by Mr. Sedgwick, here referred to, occurs the following illustration of the truth of the above observations:—A boy, aged 14 years, was afflicted with ichthyosis, a disease hereditary in the family for three preceding generations. It first appeared in the grandsire at 7 or 8 years of age. He had three sons and three daughters. One son died aged 5 years and one aged 7, both free from the disease; the third lived, and, though past middle age, had no symptoms of the disease. The three daughters grew up, escaped the disease, and married. Two of them had children; the eldest four. The first-born, a girl, has no sign of the disease; the other three are boys, of whom the eldest, aged 14 years, and the youngest, aged 9, have the disease, while the other son, aged 11, is free from it. The other daughter had three children, the eldest of whom is a girl, and, at the age of 6 years, free from the disease; the other two are boys, aged respectively 3 years and 1 year, and have the disease in a very decided form.

"The principle of sexual limitation can be easily traced in the remarkable history of this family. It equally illustrates the phenomenon of *reversion*, in the non-appearance of the disease in the second generation, and its re-appearance in the third."

Article III. in the same Journal, also, on "*Physical and Moral Transmissions from Parents to Children*," by E. P. LeProhon, of Portland, Me., has the following passage:—

"Thus we see how the perfections and vices of parents, the moral degradations, the monstrosities, the sad and frightful catalogue of numberless diseases, &c. &c., may be transmitted or not; the law of hereditary transmission, in this mode, not being well understood, and being subject to variations without number. Dr. P. Lucas, the author of a learned treatise on this subject, acknowledges that true representation of type comes:—

"1. From both father and mother, which is the direct mode of hereditary transmission;

"2. From the collateral parents, which is the indirect mode of hereditary transmission;

"3. From the ancestors of father and mother, which is called 'atavism,' or transmission of ancestors' resemblance;

"4. From the anterior husband or wife, which is the transmission of hereditary influence.

"The direct mode of transmission is seen everywhere in children, resembling sometimes their father and sometimes their mother.

"The indirect mode is seen with children who possess none of the features and dispositions of their father and mother, but bear a striking resemblance to other contemporaneous relatives.

"Atavism, or transmission of the features of ancestors, is seen in children who do not resemble the authors of their existence, but take their features from their grandparents; this hereditary step, taken from one generation to another, and going back sometimes three or four generations, is more particularly remarkable with mongrels issuing from both black and white races.

"Transmission of hereditary influence is the most extraordinary phenomenon of Nature; the child resembles neither its father nor mother, but takes its resemblance from the man who was the first husband to its mother. A woman is married a second time, say three years after the death of her first husband; she brings forth children resembling her first husband, but bearing no resemblance whatever to the second husband: this is hereditary influence, and an extraordinary phenomenon of Nature, although not so common with mankind as it is with animals. Dr. Harvey, Professor at Aberdeen, unmistakably proves the influence of the first husband over a chaste woman, his influence being transmitted during two or three generations, although the woman may have been subsequently married to other husbands. Other physiologists have observed instances of the same kind happening in some families; and cases are cited where widows, having married a second time, have brought forth children whose resemblance could be traced only to the first husband. Hereditary transmission is evidently based upon authenticated facts, and establishes a law in the organic tissue of living beings."

The "indirect mode" of transmission referred to in the preceding passage would seem to be only the familiar breaking out of hereditary influence here and there in different individuals of the same family tree.

To go back to Dr. O'Dea's paper we find the following passages:—

"Inherited peculiarities may be conveniently arranged under two headings:—1. Those which are congenital and not traceable to any obvious cause. 2. Those not congenital, 'but resulting from changes of functions during the lives of individuals bequeathing them.'—(*Spencer's Biology.*) Out of many recorded examples of the first, or so-called spontaneous, class of variations in the human family, I quote the following, taken by Professor Huxley from a monograph by Réaumur, on the history of a peculiar variation in a Maltese family named Kellia. The father, Gratio, was born with six fingers and six toes on each hand and each foot. When twenty-two years old he married a Maltese lady with the orthodox number of fingers and toes, and had four children by her. What happened? Did the participation of a normal influence in the act of procreation obliterate or merely modify this peculiarity? As the result will show, it only modified it. The first of the four children, Salvator, 'had six fingers and six toes, like his father.' The second, George, 'had five fingers and five toes,' like his mother, one of them deformed. The third, André, had five fingers and five toes quite perfect. The fourth was a girl, Marie, who had five fingers and five toes, but her thumbs were deformed. In due time the children married five-fingered and five-toed people. What was the result? Salvator had four children; two boys, a girl, and another boy. The first two boys and the girl were six-fingered and six-toed like their grandfather; the fourth boy had nothing peculiar. George had four children, two girls with six fingers and six toes, one girl with six fingers and five toes on the right side, and five fingers and five toes on the left side. The last, a boy, had the usual number. André, the third, who was well-formed, had many children, all well developed. Marie had four children:—the first, a boy, had six toes, but the other three were normal.

"This history illustrates three points, viz.:—the so-called spontaneous origin of variations; their tendency to be perpetuated in the offspring, and their modification by fresh accessions of paternal or maternal influences. On this latter account a check is often put to the career of variation, and there occurs a reversion to the normal type.

"We have already understood the second class of variations to be those 'which have resulted from changes of functions during the lives of individuals bequeathing them.'" * * * * *

"The change occurring in foreigners who sojourn in these United States is not confined to the individual's general bearing, but permeates his habits, modes of thought and expression. It is not observed in the lower classes of society only, but, to a greater or less extent, affects persons whose minds have been trained in the schools and imbued with the traditions of the Eastern hemisphere. Mr. Hepworth Dixon devotes a very interesting chapter of his 'New America' to an exposition of the mutual influences exercised by the 'red and white races of the West.' 'No race of men,' he says, 'ever yet drove out another race of men from any country, taking their lands and cities from them, without finding, on the spot which they came to own, a local genius, which affected their polity, their usages, and their arts.' Such was the fate of the Romans after the conquest of Greece, of the Normans after the conquest of England, of the Franks after the conquest of Gaul, of the English after the conquest of Ireland. 'More Irish than than the Irish themselves' is a term still applicable with all its wonted force to Englishmen who settle on the soil of the Emerald Isle.

"Let me select one more example of the tendency of induced changes in the parent to transmit hereditary predisposition to the offspring:—'Some few years since Dr. Brown-Séquard, in the course of inquiries into the nature and cause of epilepsy, hit on a method by which epilepsy could be originated. Guinea-pigs were the creatures on which, chiefly, he experimented; and, eventually, he discovered the remarkable fact that the young of these epileptic guinea-pigs were epileptic; the functionally-established epilepsy in the parents became constitutional epilepsy in the offspring.'—(*Spencer's Biology.*)"

We open the February number of *Old and New*, and there find *sex-digitism* again, illustrated by the investigations of Prof. Burt G. Wilder. The *hereditary transmission* of this peculiarity naturally passes in review. Dr. Wilder writes thus:—

"We come now to the second part of the inquiry, the extent to which the tendency to sexdigitism prevails in families. I refrain from giving some very interesting cases of American families, and quote instead from a most instructive one detailed by Dr. Struthers, who was the first to undertake a systematic study of these anomalies.

"The great-great-grandmother, Esther P—— (who married A. L——), had a sixth little finger on one hand. Of their eighteen children (twelve daughters and six sons), only one (Charles) is known to have had digital variety. We have the history of three of the sons, Andrew, Charles, and James.

"(1.) Andrew had two sons, Thomas and Andrew; and Thomas had two sons; all without digital variety.

"(2.) James, who was normal, had two sons and seven daughters, also normal. One of two daughters became Mrs. J——, and had three daughters and five sons, all normal except one son, James J——, who had six fingers on each hand.

"(3.) Charles, the only son of Esther who had digital variety, had six fingers on each hand. He had three sons, James, Thomas, and John, all of whom were born with six fingers on each hand, while John has also a sixth toe on one foot; all were amputated. His nine other children were all normal: so also were their children and their grandchildren. So also were the children of James and Thomas, and the latter's grandchildren.

"(4.) But John has a son who is normal and whose children also are normal. John's daughter Jane was born with six fingers on each hand and six toes on each foot."

"This case illustrates all the more important features of hereditary transmission.

[An examination of it shows us the special influence of *sex* as referred to by Dr. O'Dea. Ed.]

"1st. The simple tendency to *transmit* the same peculiarity from parent to child; as from Charles L—— to his two sons, James and Thomas.

"2d. The tendency to *intermit*; or to a *reversion* to the normal form; the peculiarity passing over one or more generations, to reappear in a more distant one; as with James L——, and his daughter Mrs. J——, and her son James.

"3d. The tendency to *increase* the extent of the peculiarity in successive generations, in spite of the union of sexdigitists with ordinary five-fingered individuals. Esther P—— had a sixth little finger upon one hand; her son Charles L—— had it upon both hands; his son John had a sixth toe in addition; while his daughter Jane had six fingers upon each hand and six toes upon each foot.

"4th. We notice the persistence of hereditary transmission in spite of surgical interference, even during the infancy of the person affected, as in the case of John's daughter Jane. Removal of the extra digit generally relieves the subject (although not always permanently), but does not seem to prevent the reappearance of the peculiarity in succeeding generations. It is known also that the tails of cats and dogs and horses have been "docked" for many generations without diminishing those of their offspring. This whole subject is a very curious one, and leads us naturally to speculate as to the possible moral, mental, and physical agencies which can produce a peculiarity which comes and goes, appears, disappears, and reappears in a manner inexplicable upon any other grounds than the known tendency of all natural physical characteristics to be transmitted through successive generations.

"It may well be asked: How do these facts bear upon the theory of the origin and transmutation of species? especially since Darwin has collected quite a number of cases, and evidently regards them as favorable to his opinions.

"Now it cannot be denied that sexdigitism not only runs in human families to a wonderful extent, but is even more persistent among some of the lower animals, as the cats for instance which, in domestication at least, are known to inherit and to transmit it through many generations. Nor do the extra claws seem to incommode them at all, but rather to make them better climbers, and better able to handle a mouse; and yet there is no evidence that the six-toed variety is becoming more numerous than the ordinary species.

"And even if the peculiarity should persist for a hundred generations, would that make a new species, in any sense of the word? would the rest of the structure change at all? and should we not have to regard the variety as a remarkable persistent and harmless monstrosity which, if admitted to be specific, would give us a species differing from all other members of its genus, family, order, and even class, and ranking, as to the number of its digits, below the reptiles and the birds, among the many-rayed fishes? And are we not justified in assuming that all other individual variations which may be perpetuated, are really only monstrosities which are wholly insufficient to constitute a species until accompanied with decided and general modifications of structure, such as are not yet proved to exist? In short, may we not admit all the *facts*, without being convinced

that they prove the origin of species by variation from any cause?"

We think this a fair sample of the flimsy basis of facts on which rests what is called Darwinism—a notion which makes a wasteful squanderer of the Great Economist who converts decay itself into the flower and the fruit, and who has carefully stored away the boundless vegetation of a past geological period for the daily and manifold uses of the current centuries; a hypothesis which ascribes a bungling workmanship to the Intelligence whose skill contrived the human hand, and with mathematical precision bends the ray of light through cunningly arranged refracting media upon the retina of the eye.

The principal points in the remainder of Dr. Wilder's contribution to *Old and New* have been previously laid by him before the profession among the publications of the Massachusetts Medical Society, except that he has now accumulated over two hundred cases, whereas in 1868 one hundred and fifty-two was the number of instances he had reached. The number fully recorded and tabulated is the same in the two papers.

We have received the first Annual Report of the Children's Hospital, from its opening, July 19, to December 28, 1869; together with the By-Laws of the Corporation. The following is the report of the Medical Staff:

The first patient was received in the Hospital on the 20th July, and since that time to this date there have been

Received and treated—30 patients.
16 males; 14 females.
12 medical; 18 surgical.

The result of treatment has been as follows:—

Discharged well	8
Discharged relieved . . .	2
Discharged not relieved . .	3
Discharged not treated . .	3
Remaining	14
	— 30

There have been no deaths.

Two patients were removed from Hospital within a day or two, by their parents, contrary to advice.

Of the surgical cases, there have been some excellent results; no doubt there will be, at some future time, special reports, which will embrace the unfavorable as well as the favorable cases.

Of the medical cases, there were *three*, whose condition, upon admission, would have warranted any one, however sagacious and skilful, to prognosticate a fatal result, and that within days, if not hours. This is mentioned because it affords a reasonable belief that their restoration is to be attributed to the kindly and untiring judiciousness of their nursing.

Some cases, of course, require more care and attention than others; all have received the care they have needed, and all have seemed to be contented and happy.

For the Medical Staff,
Wm. Ingalls, *Sec'y.*

Mr. Editor:—Will you please notice in your Journal, with regard to the recent sudden death at the Massachusetts Charitable Eye and Ear Infirmary, and which was rumored to have been caused by the inhalation of sulphuric ether, that the death took place *nine days* after the etherization; that the patient came out of the ether perfectly so far as coming to her senses is concerned, although from weakness she preferred to keep her bed for several days; that she was sitting up on the fifth day.

The patient was a widow, aged 74 years. She entered the Infirmary to be operated on for mature cataract of the right eye, there being also commencing cataract in the left. She was of a pale, sallow complexion and feeble appearance, and yet she did not seem to me sufficiently sick to be unfit for the operation. She had applied at the Infirmary for advice some weeks before her entrance for the operation. I do not remember that she spoke of any thoracic symptoms before admission.

The operation took place Dec. 31, 1869, without accident of any kind, but with the interesting ophthalmological feature that the pupil could not be well dilated by atropine before the operation, and that the capsule was distinctly felt when divided, and was seen after pressing out a rather small lens-nucleus, and was then drawn out easily with a fine forceps and without losing any vitreous.

Jan. 5, 1870. Bandage omitted yesterday. Eye doing well, except rather more red than desirable.

To-day patient sitting up. Has had some disagreeable sensations in chest; was supposed to have taken cold; some cough. Had mustard applied last night to chest.

Jan. 8. Sitting up. A small spot like purpura noticed on left cheek.

Jan. 9. Was sitting up in the forenoon. Spoke of a pain down one of the arms. Looked feeble. Pulse rather strong and full. For several days her food had not relished; did not suit her. I supposed her homesick, and thought of advising her to go home.

She had been sitting up for some time when the fatal attack occurred; death ensued almost instantly, within the course of a few minutes.

It is to be regretted that an autopsy was not made. Arrangements were made on the part of the friends for having the remains taken to a neighboring city, and it was not thought advisable to postpone the removal sufficiently for an examination.

Boston, January, 1870. G. Hay.

Coma, from Nitrous Oxide. By Prof. T. Gaillard Thomas, at Bellevue Hospital, Dec. 11th, 1869.—E. McL., 19, domestic, Ireland, three years in America; was admitted to Hospital December 10th. She was in perfect health up to Tuesday, December 7th, when she took nitrous oxide, from the hands of a dentist, previous to having a tooth pulled. She has been comatose ever since, says there is nothing the matter, but has a distinct remembrance that she had or was about to have a tooth removed, and, from repeated exclamations of "my tooth," seems yet to suffer from it. In answer to questions as to where she is, she replies "at my mother's." She presents a robust appearance, remains quiet, with a constant tendency to lapse into unconsciousness, from which a considerable amount of shaking is necessary to arouse her. Questions have to be repeated, and elicit imperfect and unsatisfactory answers. The pulse is perfectly natural. She had double strabismus, which has now disappeared. The face gave the impression of being flushed; but she seemed naturally florid.

Treatment:—let her alone until she recovers. I have known a case in which the coma lasted four days.

[This patient went out perfectly well a few days afterwards.]—*New York Medical Gazette.*

Ptyalism as a Symptom of Syphilis. By Henry Lee, Surgeon to the St. George's Hospital.—A gentleman had well-marked constitutional syphilis. When I saw him he had not taken a grain of mercury. He was greatly distressed by a copious and constant discharge of saliva from the mouth; this was so great that it glued his whiskers every night to the pillow-case. The gums were red and inflamed, but not very tender or ulcerated. This state of things continued over some weeks without any mercury being administered.

A medical man had constitutional syphilis. He had used no mercury in any form, except an ointment which he occasionally applied to his hair, and which contained a very small quantity. In October, 1868, this gentleman wrote to me, "I don't know what could loosen my teeth and inflame my gums so much. I could not have been cold, as the weather has been so fine."

Another patient of mine whom I have seen for many months has lately had a severe attack of inflammation of the gums, with a very considerable increase in the secretion of the saliva, without having taken any mercury for upwards of a year. In this case there was, in addition, ulceration of the throat, which was not present in the other cases.—*Medical Press and Circular.*

Mr. Acton on Prostitution. * * * We have now done with Mr. Acton, not that we have exhausted the subject matter of his admirable volume of painstaking research, but because we wish to say a word on our own account. Whether or not State intervention be desirable in the regulation of prostitution, we maintain that the chief hope of amelioration lies in an improved moral tone of society, which must commence in its higher strata. There was a time in the memory of many of us when intemperance was a leading vice of the age. We have lived to see the day when, the drawing-room being purified, drunkenness has become less prevalent among the lower orders of the people. Virtues and vices have both a tendency to gravitation. Is it too much to expect that the virtue of male chastity throughout our population may be promoted and extended by means similar to those which have succeeded in making us now a comparatively temperate people? Is it too much to ask that the leaders of female society in the metropolis should make a beginning in this direction? that they should refuse admission into their *salons* of the notorious profligate or seducer, just as they would to the same man if he intruded his presence when debased by indulgence in the bottle? that they should extend their disgust of the drunkard to the man whom they know to be living a sexually immoral life? Till this is done, till the axe is laid to the root of the tree, we have little hope of destroying the vicious trunk by the mere lopping off of its branches.—*Medical Times and Gazette.*

Medical Miscellany.

THE HEART TRANSFIXED BY A NEEDLE.—Prof. Biffi, at a meeting of the Milan Institute, presented the heart of a lunatic who had died in consequence of gangrene of the tongue which had supervened upon a bite which he had inflicted upon it during a maniacal paroxysm. At the autopsy a needle six centimetres in length was found in the left ventricle, its point, after perforating the valve, penetrating to the extent of one centimetre and a half into the left auricle. On inquiry being made, it was ascertained that the lunatic, twenty-two months prior to his death, had announced to his relatives that he had forced a needle into his heart; but little attention was paid to his statement, especially as no symptoms of any disorder in the chest manifested themselves, the pulse during all this time, too, being quite regular in its beats. Full details of the case are shortly to be published.—*Gaz. Med. Italiana-Lombardia*, Oct. 16.

A NEW MEDICAL SOCIETY IN THE DISTRICT OF COLUMBIA.—A new Medical Society was recently formed in the District of Columbia. The occasion was the refusal of the old medical organization of the District to receive into membership two applicants, against whom no objection was urged on account of lack of qualifications—but simply, that they were negroes. As that objection cannot hold many years longer, it would have been wiser if the old society had admitted them.

Dr. Robert Reyburn was chosen President, and Dr. Gray, Secretary. A committee was appointed to draft a constitution and by-laws. In defining their status as practitioners, they had much better have omitted the term "so-called allopathic." We believe it was Dr. Charles J. B. Williams, of London, who introduced the term "practitioners of legitimate medicine," to represent the members of our profession in contradistinction from all classes of irregular doctors.—*Medical and Surgical Reporter.*

NEW CLAMP FOR HÆMORRHOIDS.—Mr. Sydney Jones, feeling how unequally the clamps in present use press on all parts of the pile to be removed, has devised an instrument in which the bars act in a perfectly parallel direction. This parallel action of the blades is effected by placing the joint-screw at right angles to the blades. A scooping action is at the same time secured, so that the deepest part of the pile is seized and drawn forwards. On the upper surface the blades are sloped, so as to make their line of closure project beyond the general level. By this arrangement the removal of the pile by scissors can be more readily effected. The rack and screw for fixing the handles play very easily; the rack is curved, and, instead of being fixed, has vertical and horizontal movements. Of course, in the use of this clamp the ordinary curved scissors would not have availed; their shape has been modified to adapt them to the curve of the clamp. The principle has been admirably carried out by Messrs. Schmidt and Robinson, of 267 Strand.—*London Medical Times and Gazette.*

DIGITALIS AS A REMEDY.—Withering, in the year 1775, brought to the special notice of the profession the remedial powers of digitalis, in the successful treatment of dropsy.—*Med. Record.*

TO CORRESPONDENTS.—Communications accepted:—Norfolk District Medical Society Records—"Will it Pass?"—Review of Book by Salomons—City Hospital Report—Cases of Diphtheria.

ERRATA.—In the JOURNAL of Jan. 27, page 69, first column, twenty-first line from the bottom, for "salt fish" read *fresh fish*.—In the same issue, page 75, 2d column, twenty-fourth line from top, for "published" read *purchased*.

BOOKS AND PAMPHLETS RECEIVED.—Clinical Lectures on the Principles and Practice of Medicine. By John Hughes Bennett, M.D., F.R.S.E. Fifth American, from the Fourth London Edition. With 537 Illustrations on Wood. New York: William Wood & Co. Pp. 1022.—Personal Beauty: How to cultivate and preserve it in accordance with the Laws of Health. By D. G. Brinton, M.D., and George H. Napheys, M.D., Philadelphia. Pp. 346.—Specimen pages of the Medical Adviser; A full and plain Treatise on the Theory and Practice of Medicine, especially adapted to Family Use. By Rezin Thompson, M.D., Cincinnati, Ohio.—Sixteenth Annual Report of the Trustees of the State Lunatic Hospital at Taunton, Mass. Pp. 34.

Deaths in nineteen Cities and Towns of Massachusetts for the week ending Jan. 29, 1870.

Cities and towns.	Number of deaths in each place.	Prevalent Diseases.—Consumption.	Pneumonia.	Scarlet Fever.
Boston	127	30	9	11
Charlestown	13	1	2	0
Worcester . .	14	2	2	1
Lowell	21	2	1	1
Milford . . .	1	0	0	1
Chelsea . . .	10	1	3	0
Cambridge .	13	1	0	1
Salem	8	1	2	1
Lawrence . . .	8	3	0	0
Springfield .	5	1	0	0
Lynn	9	2	0	0
Pittsfield . .	1	1	0	0
Gloucester .	3	2	0	0
Fitchburg . .	1	0	0	0
Taunton . .	9	1	0	5
Newburyport	2	0	0	0
Somerville .	3	0	0	0
Fall River .	7	0	1	0
Haverhill . .	6	2	1	0
	261	50	21	21

Boston reports two deaths from smallpox. Lowell reports two deaths from measles. From all the above places there are reported six deaths from typhoid fever, eight from croup and diphtheria, and four from whooping cough.

GEORGE DERBY, M.D.,
Secretary of State Board of Health.

DEATHS IN BOSTON for the week ending January 29, 127. Males, 71—Females, 56.—Accident, 2—anæmia, 1—apoplexy, 6—inflammation of the bowels, 1—disease of the brain, 4—inflammation of the brain, 1—bronchitis, 3—burns, 1—cancer, 1—consumption, 30—convulsions, 1—croup, 4—cyanosis, 1—debility, 3—diabetes, 1—diarrhœa, 3—diphtheria, 1—dropsy of the brain, 2—scarlet fever, 11—typhoid fever, 2—hæmorrhage, 2—disease of the heart, 2—infantile disease, 4—disease of the kidneys, 3—disease of the liver, 1—congestion of the lungs, 4—inflammation of the lungs, 9—marasmus, 4—measles, 1—old age, 4—peritonitis, 1—premature birth, 1—puerperal disease, 3—rheumatism, 1—smallpox, 2—spina bifida, 1—suicide, 2—tumor, 1—unknown, 2.

Under 5 years of age, 48—between 5 and 20 years, 9—between 20 and 40 years, 34—between 40 and 60 years, 20—above 60 years, 16. Born in the United States, 92—Ireland, 20—other places, 15.